



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90064 047 \*\*\*\*70.00

<b>DOCUMENT # N05000009374</b> 1. Entity Name <b>ARGYLE FORREST MINISTRIES, INC.</b>					
Principal Place of Business <b>7363 PROSPERITY PRK, RD. N.                  JACKSONVILLE, FL 32214</b>			Mailing Address <b>7363 PROSPERITY PRK, RD. N.                  JACKSONVILLE, FL 32214</b>		
2. Principal Place of Business		3. Mailing Address		 08212006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>06-1758 249</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HUTCHINSON, NATHEN                  8324 ROCKY CREEK DR                  JACKSONVILLE, FL FL322-44</b>				7. Name and Address of New Registered Agent	
HUTCHINSON, NATHEN 8324 ROCKY CREEK DR JACKSONVILLE, FL FL322-44				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25                  Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, MILDRED PASTOR			NAME	
STREET ADDRESS	7363 PROSPERITY PRK, RD. N.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32214			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, ANANIAS TRUSTEE			NAME	
STREET ADDRESS	7363 PROSPERITY PRK, RD. N.			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32214			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mildred Watts Pastor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/21/06 (904) 592-7715 x109 <small>Date Daytime Phone #</small>	